



City of Leesburg  
Public Works Department  
Grease Management Program

## CERTIFICATE APPLICATION

Please type or print. Complete this application in its entirety. Indicate "not applicable" where appropriate. Failure to provide the necessary information may extend the registration process and delay issuance of the Registration Certificate. **Please return this form within 14 days of receipt to the City of Leesburg at 550 S. 14<sup>th</sup>. Street Leesburg, FL 34749. If you need assistance, please call (352) 254-0653**

### 1. GENERAL INFORMATION

NAME OF FACILITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

### 2. OWNERSHIP

NAME OF OWNER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ ACCT. # \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

**3. FACILITY TYPE**

Restaurant ☐ Food Processor ☐  
Shopping Center ☐ Other (specify type) \_\_\_\_\_

**4. HOURS OF OPERATION**

Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

**5. TYPE OF CUISINE**

\_\_\_\_\_  
\_\_\_\_\_

**6. TYPE OF STRUCTURE**

Existing Facility ☐ Freestanding Facility ☐  
New Facility (Construction) ☐ Attached Facility ☐  
Remodeled Facility ☐

**7. SEATING CAPACITY**

\_\_\_\_\_ Persons

Is the seating capacity defined by the Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

**8. EXPANSION PLANS**

Is future expansion planned? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe. Attach additional sheets, if necessary.

**9. NUMBER OF MEALS**

Approximate average number of meals served per day: \_\_\_\_\_

Busiest day(s) of the week: \_\_\_\_\_

Average number of meals served on these days: \_\_\_\_\_

**10. TYPE OF DISHES/UTENSILS (check one)**

a. Washable \_\_\_\_\_ b. Disposable \_\_\_\_\_ c. Both \_\_\_\_\_

**11. KITCHEN EQUIPMENT** (Please attach inventory, if available)

COOKERS	Yes	No	Size/Number
Fryer			
Charbroiler			
Grill			
Stove			
Oven			
Oven Broiler			
Wok Stove			

Other:

SINKS	Yes	No	Size/Number
3-Compartment			
Hand			
Vegetable			
Mop			

Other:

OTHER EQUIPMENT	Yes	No	Size/Number
Garbage Disposal			
Walk-in Cooler			
Dishwasher			

Other:

**12. FOOD PREPARATION**

Please check all that apply.

Pre-cooked Foods	[ ]	Grilled or Baked Meats	[ ]
Fried Foods	[ ]	Wok Foods	[ ]
Frozen Foods	[ ]	Baked Goods	[ ]
Fresh Produce	[ ]	Canned Foods	[ ]

### 13. CLEAN-UP/POLLUTION PREVENTION PROCEDURES

Briefly explain clean-up procedures. Attach separate sheets or operating manual, if necessary.  
**For example**, pots and pans are cleaned in a dishwasher.

Have pollution prevention measures been implemented? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly list the pollution prevention measures being used and describe the employee-training schedule. Attach extra sheets if necessary. Refer to the attached public education handout in the orientation package.

### 14. RECYCLING

Do you recycle spent oils & grease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly explain the program and the grease handling procedures, including information on equipment.

If not, do you have plans to initiate a recycling program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the proposed schedule? \_\_\_\_\_

### 15. GREASE MANAGEMENT DEVICE

Type	Yes	No	Size/Number
Grease dumpster	_____	_____	_____
Grease interceptor	_____	_____	_____
Under the sink grease trap	_____	_____	_____
Recycle holding tank	_____	_____	_____
Oil/Water separator	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**16. BACTERIA**

Are bacteria, enzymes, or other additives being used as oil and grease management tools?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_  
\_\_\_\_\_

**17. COMMON GREASE INTERCEPTOR**

If you are located in a retail center, it is possible that more than one facility in the retail center may be connected to a common grease interceptor. Do you share a grease interceptor with other facilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you share a common interceptor, who owns the facility or is responsible for the maintenance??

\_\_\_\_\_

**18. \*\*FOR NEW CONSTRUCTION**

PLEASE ATTACH TO THIS SURVEY A COPY OF THE "AS-BUILT" PLANS, INCLUDING THE SPECIFICATIONS, THE FACILITY LAYOUT (SITE PLAN), O & M PROCEDURES FOR THE GREASE INTERCEPTOR, INSTALLATION INSTRUCTIONS FOR GREASE HANDLING EQUIPMENT, AND COMPLETE PLUMBING DIAGRAMS (SCHEMATICS) SHOWING THE PLUMBING FIXTURE(S) CONNECTED TO THE WASTE PIPING SYSTEM WITH THE FLOW DIRECTION INDICATED.

**CERTIFICATION STATEMENT**

I certify that the information provided in the *Certificate Application*, to the best of my knowledge, is accurate and complete. I understand that the *Certificate Application* serves as the application for issuance of the *Registration Certificate* for the City of Leesburg Oil & Grease Management Program. I further understand that falsification of this information is a violation of the City Code of Ordinances, and as such, become subject to enforcement actions and penalties as set forth therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print or Type)